

<i>Applicant's Name, Address, Phone, Fax, Email:</i>		UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII		
Debtor(s):		Case No.: Chapter 7		
FINAL APPLICATION FOR COMPENSATION BY PROFESSIONAL EMPLOYED BY CHAPTER 7 TRUSTEE				
Applicant				
Capacity				
Date Appointed				
Billing Period	From:	To:		
The undersigned submits this application for a final award of compensation for services rendered and reimbursement of expenses incurred in this case (including, if any, amounts of interim awards).		<i>Fees</i>	<i>Expenses</i>	
		\$	\$	
Total amount of interim awards previously paid, if any:		\$	\$	
Balance payable upon court approval:		\$	\$	
Brief description of services [<i>attach continuation sheet if necessary</i>]:				
Request Details [<i>attach continuation sheet if necessary</i>]:				
<i>Individual</i>	<i>Position</i>	<i>Hourly rate</i>	<i>Hours</i>	<i>Fees</i>
				\$
				\$
				\$
				\$
Totals:				\$

CERTIFICATION

The undersigned certifies:

- (1) Applicant is familiar with the facts underlying this application and the information herein is true and correct to the best of the applicant's knowledge;
- (2) No payments have been made or promised to the applicant for services rendered or to be rendered in any capacity whatsoever in connection with the case;
- (3) No compensation previously received, if any, has been shared;
- (4) No agreement or understanding exists between the applicant and any other entity for the sharing of compensation received or to be received for services rendered in or in connection with this case;
- (5) The compensation and expenses requested in this application were billed at rates no less favorable than those customarily billed by the applicant and generally accepted by the applicant's clients;
- (6) The compensation and reimbursement requested in this application conform to the applicable guidelines adopted by the United States Bankruptcy Court for the District of Hawaii, except to the extent particularly set forth elsewhere in this application; and
- (7) Attached billing records and other exhibits, if any, are true and correct to the best of my knowledge.

Dated:

/s/ _____
Applicant

REVIEW BY TRUSTEE

As trustee of this estate, I have reviewed and hereby approve this final application for compensation and reimbursement of expenses.

There are sufficient funds in the estate to pay in full all administrative claims, including the fees and expenses requested in this application.

There are insufficient funds in the estate to pay in full all administrative claims, including the fees and expenses requested in this application, and payment will be made *pro rata*.

Dated:

/s/ _____
Chapter 7 Trustee